## PART B - FEE(S) TRANSMITTAL

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36335	7590 08/14	4/2007		apers. Each additional particle of the control of t		
GE HEALTHCARE, INC. IP DEPARTMENT			V 1 3 2007	Certificate of Mailling or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
,		ATT.		LORI SAI	Jaire	(Depositor's name)
		A TA	ADEMARNO!	Cyp /	ellane	(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	Novemb	ner 13,20	Date)
10/764,834	01/26/2004		Bastiaan Drichuys	Al	PM9746	CONFIRMATION NO.
METHODS AND POLA	RIZED GAS PRODUCT	rs	HEATING JACKETS	AND ASSOCIATED G.	AS COLLECTION A	ND THAW
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/14/2007
EXAM		ART UNIT	CLASS-SUBCLASS	] 11/14/200	37 MGEBREM2 00000	039 502665 10764834
ALI, MOHAMMAD M  1. Change of correspondence address or indication		3744	062-048100	01 FC:150		
Change of corresponded correspo	ondence address (or Char	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a			
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON T		•		
PLEASE NOTE: Unlo	ess an assignce is identified in 37 CFR 3 11 Complete	fied below, no assignce	data will appear on the p	pe) atent. If an assignee is	identified below, the d	ocument has been filed for
(A) NAME OF ASSIG	NEE A		(B) RESIDENCE: (CIT)	assignment. I and STATE OR COUN	TRY)	
Medi	- Physic	s, Inc.	PA	cincetoN,	New V	ersey
Please check the appropria	te assignee category or o	categories (will not be pri	inted on the patent) :	Individual Corpora	tion or other private gre	oup entity Government
4a. The following fcc(s) are submitted:    Issue Fec			Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502 (enclose an extra copy of this form).			
6. Change in Entity Statu a. Applicant claims	SMALL ENTITY status	above) . See 37 CFR 1.27.	b. Applicant is no lone	er claiming SMALL EN	TITY status See 32 Ct	EB 1.27(a)(2)
OTE: The Issue Fee and nterest as shown by the re-	Publication Fee (if required state	red) will not be accepted s patent and prademark (	from anyone other than the Office.	he applicant; a registered	attorney or agent; or th	c assignce or other party in
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Typed or printed name	Robert		holm	Registration No.	39,93	2
his collection of informati	ion is required by 37 CF.	R 1.311. The information	is required to obtain or re	tain a benefit by the pub	lic which is to file (and	by the USPTO to process) a gathering, preparing, and to you require to complete runent of Commerce, P.O. or Patents, P.O. Box 1450,